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The localization of the tic is various. Any muscle of the body may be involved. The only rule to be noted is that those muscles that are used most, or are most expressive of mental states are most frequently the seat of this pathological activity. A single muscle alone is never involved, but only such groups as are used in co-ordinated functional movements. The authors devote a section to the description of different tics, naming them according to both the group of muscles involved, and the function of those muscles, such as the facial tics, or the mimetic tics, the lip tics, or the sucking tics, etc. Copious illustrations are given as usual. The form of the motor process may be that of either the clonic or tonic contraction. Other authors have not included the latter, but there are tonic contractions that have associated with them all the other characteristics of tic. There is no regular rhythm or frequency in the occurrence of the movements. They make their first appearance most frequently during childhood, but may begin at any other time of life, and usually continue up to old age. Several sections are devoted to the relation of tic to other diseases, differential diagnosis, other symptoms associated with tic, etc., that are of interest more to the clinician than to the psychologist.

The general outcome of these considerations is that tic is a unique psycho-motor phenomenon that may have various symptoms of other nervous disorders associated with it, but it bears no necessary relation to these. As to the etiology of tic nothing very definite is ventured. A variety of things may be the initiating occasion of what will later develop into a tic, but these cannot be regarded as causes. After these have been enumerated, the authors conclude that the psychic predisposition of the individual remains the *conditio sine qua non* for the origin and development of tic. The previous statement in regard to the weak will power, and partially arrested development of the tic patient is of course to be remembered in this connection. Some anatomical changes have been reported, but these the authors regard, not as characteristic of tic, but as results of complications of the cases reported. They regard tic as an inherited functional anomaly associated with a deficient development of cortical association tracts, or sub-cortical branchings, with molecular malformations that cannot be detected by present methods.

The last sixty pages of the book are devoted to a consideration of the treatment of tic. The degree of curability is, in general, dependent upon the degree of will power of the patient. Medicinal treatment is of little value. The rules of proper diet, and of general hygiene are to be observed. Proper psycho-motor training is the only direct method that can improve the condition of the tic patient. Two kinds of exercises are to be employed, together. (1) Exercises in remaining absolutely motionless, beginning with short periods that are to be gradually lengthened. (2) Regulated gymnastics, using only correct movements. Special stress is laid upon the use of the mirror. The patient is to perform these exercises also alone in front of a mirror, where he can himself see and correct his anomalies in positions and movements. Such a demonstration of his anomalies is more forceful than description or exhortation.

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Bégaiement et Autres Maladies Fonctionnelles de la Parole, by DR. CHERVIN. Société d'Éditions Scientifiques. Paris, 1901, pp. 551.

This is a revised and enlarged edition of the author's former work. The book is divided into four parts and an appendix. In part I he discusses the rôle of speech in society and classifies speech defects according to their causes. In part II he takes up stuttering proper giv-

ing first a brief history of stuttering and then the etymology of the word "stutter," tracing it through many languages and dialects. This is followed by a valuable chapter on statistics, based on the military statistics on stuttering and other nervous diseases in France, Switzerland, England, Austro-Hungary, Belgium, Italy and Russia, and presents ethnographic maps of all of these countries except England, showing the distribution of the troubles in question. In the next chapter (VI) he takes up the definitions of stuttering, causes, age of appearance, professional stammering, sex, difficulties of respiration, verbal phobias, and hysterical stuttering. When he holds that the ratio of male to female stutterers is 10:1 he deals probably with adults. With children the ratio is probably 2:1 or 3:1. He objects to the term *hysterical stuttering* used by many writers, since speech defects due to hysteria, according to him, are not stuttering; he would prefer the term "speech defects of hysteria."

The next four chapters are devoted to methods of treatment. We first have a short history of methods in general, followed by one of the Chervin method. According to the latter method the treatment is divided into two main parts, which, however, are usually carried on together, namely, the functional and mental. The first consists of respiratory and articulatory exercises, and the second part in insisting vigorously that the patient carefully imitate the instructor. The length of the course is three weeks. During the first week the patient is taught the elements of speech and methods of breathing, and he must keep absolute silence outside of instruction hours. During the second week the principles of respiration and articulation are further practiced, the patient is given liberty of speech, but must speak slowly and methodically. During the third week attention is given to phrases and to inflection of the voice, gradually coming to natural diction and ordinary conversation. When, at the end of three weeks, the patient is dismissed, he is considered only convalescent; he should practice his exercises from 2-3 hours a day for at least a month. The last chapter of part II is devoted to a discussion of the question of military exemption on account of stuttering.

Part III deals with various other functional speech defects. It is divided into four chapters. In the first he discusses various forms of stammering (*blésité*) and says the sex ratio is the inverse of that in stuttering. In the next chapters he takes up rhotacism—faulty pronunciation of the letter *r*, the eunuch voice and nasalizing. Faulty articulation he cures by an orthophonic treatment. If nasalizing, however, is due to organic causes a surgical operation should precede the didactic treatment.

In part IV the author deals with speech defects due to organic causes, such as hare-lips and cleft palates.

In the appendices the first eighty-nine pages are devoted to some old traditions and some collections from folklore relative to speech and speech defects; and finally the last sixty-two pages are given to reports from official commissions, medical and scientific societies, setting forth the merits of the Chervin method—advertising material which should not have been made an integral part of the book.

In a book coming from a physician and teacher of such experience, one is disappointed not to find more clinical data. The anthropological portion of the book is very good and the extensive statistics should be helpful. The book is written in a clear and concise style, and in spite of its defects is one of the best works on the subject which it treats.

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